

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Western Division of Survey and Certification
San Francisco Regional Office
90 7th Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707



Refer to: WDSC-

Certified Mail

04/25/2013

Administrator
Southern Nevada Adult Mental Health Services
6161 W Charleston Blvd
Las Vegas, NV 89146

Re: CMS Certification Number (CCN): 294002

Dear Administrator:

Hospitals accredited by The Joint Commission (TJC) are “deemed” to meet Medicare Conditions of Participation (COPs) with certain exceptions, not pertinent here. See 42 C.F.R. § 488.4 (a). However, if a validation survey results in a finding that the hospital is out of compliance with one or more of the COPs, the hospital will no longer be deemed to meet any COP. See 42 C.F.R. § 488.7(d).

The Nevada Department of Health and Human Services (NV DHHS), the State Medicare survey agency, reported serious deficiencies from the 03/20/2013 complaint validation survey of your hospital, authorized by this office. See 42 C.F.R. § 488.7(a)(2). Specifically, you do not comply with the following Conditions of Participation:

42 C.F.R. § 482.12 - Governing Body
42 C.F.R. § 482.43 - Discharge Planning

A description of the deficiencies found by the 03/20/2013 survey is set forth on the enclosed Statement of Deficiencies, Form CMS-2567.

Consequently, effective the date of this letter we are removing your status as a provider deemed to meet Medicare COPs and placing you under the NV DHHS survey jurisdiction until you demonstrate full compliance. See 42 C.F.R. § 488.7(d). This means that the hospital is now subject to all applicable participation and enforcement requirements and may be subject to termination of its Medicare provider agreement.

You may submit evidence documenting actions you have taken to correct these deficiencies. Please submit your evidence of correction to address the survey findings to this San Francisco office and the Las Vegas District Office, NV DHHS by close of business, within ten (10) days of receipt of this letter.

The evidence of correction is to be entered on the right side of Form CMS-2567, opposite the deficiency, and must be signed and dated by the administrator or other authorized official.

The evidence of correction of each item must contain the following:

1. How the correction was accomplished, both temporarily and permanently for each individual affected by the deficient practice, including any system changes that must be made.
2. The title of position of the person responsible for correction, e.g. Administrator, Director of Nursing or other responsible supervisory personnel.
3. A description of the monitoring process to prevent recurrences of the deficiency, the frequency of the monitoring and the individual(s) responsible for the monitoring.
4. The date when the immediate correction of the deficiency will be accomplished. Normally this will be no more than thirty (30) days from the date of the exit conference.

If we determine that the submission is timely, credible and otherwise acceptable, we may authorize NV DHHS to conduct a resurvey. If this survey finds that the hospital meets all applicable Medicare Conditions, deemed status will be restored. See 42 C.F.R. § 488.7(e). If we do not receive an acceptable, timely submission, or if a resurvey finds that the hospital is not complying with any COP, we will notify you that we are initiating action to terminate the facility's Medicare provider agreement. See 42 C.F.R. § 488.7(d). In the meantime, the removal of deemed status does not limit your ability to bill Medicare, nor does it affect TJC accreditation.

Copies of this letter are being sent to TJC, the NV DHHS and Medicaid agency.

If you have any questions, please contact Linda Brim at 415-744-2831, Alex Garza at 415-744-2830 or Maureen Calacal at 415-744-3727 of my staff.

Sincerely,



Rufus Arther, Branch Chief
Hospital and Community Care Operations
Division of Survey and Certification
CMS - San Francisco Regional Office

Enclosure

cc: TJC
State Agency
Title XIX